



Application for Certified Copy of Birth Certificate **Division of Vital Records** **2600 Bull Street, Columbia SC 29201-1708**

PLEASE READ BEFORE COMPLETING THIS APPLICATION

- A. Only births recorded after January 1, 1915 in South Carolina are on file.
 B. The application must be signed by the registrant, parent, guardian or their legal representative.
 C. **WARNING: FALSE APPLICATION IS PUNISHABLE BY LAW.** (Section 44-63-161; S.C. Code of Laws, 1976, amended February 24, 1988.)
 D. S.C. Law requires a \$12.00 fee for the search of the records. If located, the search fee includes issuance of one copy. If not located, search fee is not refundable. Checks and money orders should be made payable to DHEC.
 E. Complete all of the information sections required on this form. **PLEASE PRINT.**

1. FULL NAME	First Name	Middle Name	Last Name (If married woman, please enter maiden surname)	OFFICE USE ONLY
2. DATE OF BIRTH	Month	Day	Year	Year—Cert. No.
3. PLACE OF BIRTH	County	Hospital and/or city/town	State SOUTH CAROLINA	Search 1st Date
4. SEX	5. RACE			2nd Date
6. FULL NAME OF FATHER	First Name	Middle Name	Last Name	Living <input type="checkbox"/> Deceased <input type="checkbox"/> Pending Sect. C Date
7. FULL MAIDEN NAME OF MOTHER	First Name	Middle Name	Last Name Before Marriage	Living <input type="checkbox"/> Deceased <input type="checkbox"/> D
8. WERE PARENTS MARRIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		9. NUMBER OF OLDER CHILDREN BORN TO THIS MOTHER _____ NUMBER OF YOUNGER CHILDREN BORN TO THIS MOTHER _____		A
10. NAME OF NEXT OLDER BROTHER OR SISTER, LIVING OR DEAD			DATE OF BIRTH	L
11. NAME OF NEXT YOUNGER BROTHER OR SISTER, LIVING OR DEAD			DATE OF BIRTH	PR
12. HAS NAME EVER BEEN CHANGED OTHER THAN MARRIAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, what was the original name?			LOC
13. PURPOSE FOR WHICH THIS COPY IS REQUESTED?				Final Disposition
FEE				Issue Date
14. I am enclosing \$_____ for _____ certificates as follows: Specify Number and Type Certification _____ Wallet size, short form certification — Accepted for all purposes except to establish relationship of parent to child. Does not include parents' names. Initial certification — \$12.00. Additional short form certification ordered at same time — \$3.00 each. _____ Long form certification — A computer generated certificate issued only at the State Office. Long form certifications will only be issued to the registrant, if of legal age (18 years), parent(s) named on the birth record, the guardian (guardianship papers may be requested), or the legal representative of one of these. Initial certification — \$12.00. Additional long form certifications ordered at the same time — \$3.00 each.				Control Number(s)
15. WRITTEN SIGNATURE OF registrant, parent/guardian or legal representative DO NOT PRINT _____ Your relationship to registrant: Self _____ Parent _____ Guardian _____ Other (specify) _____			OFFICE USE ONLY IDENTIFICATION SYS/36	
				<input type="checkbox"/> Refund Refunded Amount \$_____

NAME & ADDRESS OF APPLICANT (MUST BE COMPLETED) PLEASE PRINT CERTIFICATE TO BE MAILED TO:

16. PLEASE PRINT NAME	19. PLEASE PRINT NAME (If other than applicant)
17. NUMBER, P.O. BOX AND STREET	20. NUMBER, P.O. BOX AND STREET
18. CITY, STATE AND ZIP CODE	21. CITY, STATE AND ZIP CODE